

DECLARATION  
AND POWER OF ATTORNEY  
U.S.A.

ALL PATENTS, INCLUDING DESIGN  
FOR APPLICATION BASED ON PCT, PARIS CONVENTION;  
NON PRIORITY; OR PROVISIONAL APPLICATIONS

FOR ATTORNEYS' USE ONLY

ATTORNEYS' DOCKET NO.

P70195US0

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As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

DEVICE FOR TREATING A MEDICAL LIQUID

which is described and claimed in:

PCT International Application No. PCT/EP03/05377

filed May 22, 2003

the attached specification

the specification in application Serial No. \_\_\_\_\_

filed \_\_\_\_\_

(if applicable) and amended on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

102 24 750.1

(Number)

Germany

(Country)

4 June 2002

(Day/Month/Year Filed)

Priority Claimed

Yes

No

(Number)

(Country)

(Day/Month/Year Filed)

(Number)

(Country)

(Day/Month/Year Filed)

Yes

No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application No. \_\_\_\_\_

Filing Date \_\_\_\_\_

Application No. \_\_\_\_\_

Filing Date \_\_\_\_\_

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)

(Filing Date)

(Status: patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys (Registration No.) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); JOHN CLARKE HOLMAN (22,769); MARVIN R. STERN (20,640); ALLEN S. MELSER (27,215); MICHAEL R. SLOBASKY (26,421); JONATHAN L. SCHERER (29,851); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409); YOON S. HAM (45,307) and NATHANIEL A. HUMPHRIES (22,772)

SEND CORRESPONDENCE TO: CUSTOMER NO. 00136

or

**JACOBSON HOLMAN**  
PROFESSIONAL LIMITED LIABILITY COMPANY  
400 SEVENTH STREET, N.W.  
WASHINGTON, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-6666

**JACOBSON HOLMAN**  
PROFESSIONAL LIMITED LIABILITY COMPANY

\*Inventor(s) name must include at least one unabbreviated first or middle name.

201	FULL NAME * OF INVENTOR <u>BEDEN</u>	FAMILY NAME <u></u>	GIVEN NAME <u>Josef</u>	MIDDLE NAME <u></u>
202	RESIDENCE & CITIZENSHIP <u>Mainz-Kastel</u>	CITY <u></u>	STATE OR FOREIGN COUNTRY <u>Germany</u>	COUNTRY OF CITIZENSHIP <u>Germany</u>
203	POST OFFICE ADDRESS <u>Carlowitzstrasse 18</u>	CITY <u></u>	STATE OR COUNTRY <u>Germany</u>	ZIP CODE <u>55252</u>
201	FULL NAME * OF INVENTOR <u>HAHMAN</u>	FAMILY NAME <u></u>	GIVEN NAME <u>Uwe</u>	MIDDLE NAME <u></u>
202	RESIDENCE & CITIZENSHIP <u>Tiefenbronn</u>	CITY <u></u>	STATE OR FOREIGN COUNTRY <u>Germany</u>	COUNTRY OF CITIZENSHIP <u>Germany</u>
203	POST OFFICE ADDRESS <u>Henhoefer Strasse 16</u>	CITY <u></u>	STATE OR COUNTRY <u>Germany</u>	ZIP CODE <u>75233</u>
201	FULL NAME * OF INVENTOR <u>HERKLLOTZ</u>	FAMILY NAME <u></u>	GIVEN NAME <u>Martin</u>	MIDDLE NAME <u></u>
202	RESIDENCE & CITIZENSHIP <u>Heusenstamm</u>	CITY <u></u>	STATE OR FOREIGN COUNTRY <u>Germany</u>	COUNTRY OF CITIZENSHIP <u>Germany</u>
203	POST OFFICE ADDRESS <u>Dietzenbacher Strasse 1</u>	CITY <u></u>	STATE OR COUNTRY <u>Germany</u>	ZIP CODE <u>63150</u>

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201* <u>Josef Beden</u>	SIGNATURE OF INVENTOR 202* <u></u>	SIGNATURE OF INVENTOR 203* <u></u>
DATE <u>25.10.2004</u>	DATE <u></u>	DATE <u></u>

Additional inventors are named on separately numbered sheets attached hereto.

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JACOBSON HOLMAN PLLC  
ADDITIONAL INVENTORS

\* Inventor(s) name must include at least one unabbreviated first or middle name.

4-04	FULL NAME * OF INVENTOR <u>LAUER</u>	FAMILY NAME <u>LAUER</u>	GIVEN NAME <u>Martin</u>	MIDDLE NAME
204	RESIDENCE & CITIZENSHIP <u>St. Wendel</u>	CITY <u>St. Wendel</u>	STATE OR FOREIGN <u>Germany</u>	COUNTRY OF CITIZENSHIP <u>Germany</u>
	POST OFFICE ADDRESS <u>Auf den Hollerstock 8</u>	POST OFFICE ADDRESS <u>Auf den Hollerstock 8</u>	CITY <u>St. Wendel</u>	STATE OR COUNTRY   ZIP CODE <u>Germany</u>   <u>66606</u>
5-05	FULL NAME * OF INVENTOR <u>MANKE</u>	FAMILY NAME <u>MANKE</u>	GIVEN NAME <u>Joachim</u>	MIDDLE NAME
205	RESIDENCE & CITIZENSHIP <u>Loehnberg</u>	CITY <u>Loehnberg</u>	STATE OR FOREIGN <u>Germany</u>	COUNTRY OF CITIZENSHIP <u>Germany</u>
	POST OFFICE ADDRESS <u>In den Brueichern 6</u>	POST OFFICE ADDRESS <u>In den Brueichern 6</u>	CITY <u>Loehnberg</u>	STATE OR COUNTRY   ZIP CODE <u>Germany</u>   <u>35792</u>
6-06	FULL NAME * OF INVENTOR <u>SCHEUNERT</u>	FAMILY NAME <u>SCHEUNERT</u>	GIVEN NAME <u>Peter</u>	MIDDLE NAME
206	RESIDENCE & CITIZENSHIP <u>Friedrichsdorf</u>	CITY <u>Friedrichsdorf</u>	STATE OR FOREIGN <u>Germany</u>	COUNTRY OF CITIZENSHIP <u>Germany</u>
	POST OFFICE ADDRESS <u>Dieselstrasse 1</u>	POST OFFICE ADDRESS <u>Dieselstrasse 1</u>	CITY <u>Friedrichsdorf</u>	STATE OR COUNTRY   ZIP CODE <u>Germany</u>   <u>61381</u>
7-07	FULL NAME * OF INVENTOR <u>WEIS</u>	FAMILY NAME <u>WEIS</u>	GIVEN NAME <u>Manfred</u>	MIDDLE NAME
207	RESIDENCE & CITIZENSHIP <u>St. Wendel</u>	CITY <u>St. Wendel</u>	STATE OR FOREIGN <u>Germany</u>	COUNTRY OF CITIZENSHIP <u>Germany</u>
	POST OFFICE ADDRESS <u>Ringstrasse 7</u>	POST OFFICE ADDRESS <u>Ringstrasse 7</u>	CITY <u>St. Wendel</u>	STATE OR COUNTRY   ZIP CODE <u>Germany</u>   <u>66606</u>
8-08	FULL NAME * OF INVENTOR <u>BONGERS</u>	FAMILY NAME <u>BONGERS</u>	GIVEN NAME <u>Alexander</u>	MIDDLE NAME
208	RESIDENCE & CITIZENSHIP <u>Langen</u>	CITY <u>Langen</u>	STATE OR FOREIGN <u>Germany</u>	COUNTRY OF CITIZENSHIP <u>Germany</u>
	POST OFFICE ADDRESS <u>Im Singes 41</u>	POST OFFICE ADDRESS <u>Im Singes 41</u>	CITY <u>Langen</u>	STATE OR COUNTRY   ZIP CODE <u>Germany</u>   <u>63225</u>
209	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY   ZIP CODE
210	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY   ZIP CODE
211	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY   ZIP CODE

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SIGNATURE OF INVENTOR 204 *	SIGNATURE OF INVENTOR 205 *	SIGNATURE OF INVENTOR 206 *
DATE	DATE	DATE
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
DATE	DATE	DATE

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**DEVICE FOR TREATING A MEDICAL LIQUID**

which is described and claimed in:  PCT International Application No. PCT/EP03/05377 filed **May 22, 2003**  
 the attached specification filed \_\_\_\_\_  
 the specification in application Serial No. \_\_\_\_\_

(if applicable) and amended on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

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I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

<b>102 24 750.1</b> (Number)	<b>Germany</b> (Country)	<b>4 June 2002</b> (Day/Month/Year Filed)	<b>Priority Claimed</b>
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application No. \_\_\_\_\_ Filing Date \_\_\_\_\_ Application No. \_\_\_\_\_ Filing Date \_\_\_\_\_

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(Application Serial No.) (Filing Date) (Status: patented, pending, abandoned)

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SEND CORRESPONDENCE TO: CUSTOMER NO. 00136 or <b>JACOBSON HOLMAN</b> PROFESSIONAL LIMITED LIABILITY COMPANY 400 SEVENTH STREET, N.W. WASHINGTON, D.C. 20004		DIRECT TELEPHONE CALLS TO: (please use Attorney's Docket No.) (202) 638-6666 <b>JACOBSON HOLMAN</b> PROFESSIONAL LIMITED LIABILITY COMPANY	
--	--	---	--

\*Inventor(s) name must include at least one unabbreviated first or middle name.

201	FULL NAME * OF INVENTOR	FAMILY NAME <b>BEDEN</b>	GIVEN NAME Josef	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Mainz-Kastel</b>	STATE OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Carlowitzstrasse 18</b>	CITY <b>Mainz-Kastel</b>	STATE OR COUNTRY <b>Germany</b> ZIP CODE <b>55252</b>
202	FULL NAME * OF INVENTOR	FAMILY NAME <b>HAHMANN,</b> <i>Uwe</i>	GIVEN NAME <b>Uwe</b>	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Tiefenbronn</b> <i>Durmersheim</i>	STATE OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Henhofer Strasse 16</b> <i>Haus - Thomas- Straße 26</i>	CITY <b>Tiefenbronn</b> <i>Durmersheim</i>	STATE OR COUNTRY <b>Germany</b> ZIP CODE <b>75253-76448</b>
203	FULL NAME * OF INVENTOR	FAMILY NAME <b>HERKLLOTZ</b>	GIVEN NAME <b>Martin</b>	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Heusenstamm</b>	STATE OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Dietzenbacher Strasse 1</b>	CITY <b>Heusenstamm</b>	STATE OR COUNTRY <b>Germany</b> ZIP CODE <b>63150</b>

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201*	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
DATE <i>30.10.04</i>	DATE <i>30.10.04</i>	DATE

Additional inventors are named on separately numbered sheets attached hereto.

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JACOBSON HOLMAN PLLC  
ADDITIONAL INVENTORS

\* Inventor(s) name must include at least one unabbreviated first or middle name.

	FULL NAME * OF INVENTOR	FAMILY NAME LAUER	GIVEN NAME Martin	MIDDLE NAME
204	RESIDENCE & CITIZENSHIP	CITY St. Wendel	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Auf den Hollerstock 8	CITY St. Wendel	STATE OR COUNTRY Germany
				ZIP CODE 66606
	FULL NAME * OF INVENTOR	FAMILY NAME MANKE	GIVEN NAME Joachim	MIDDLE NAME
205	RESIDENCE & CITIZENSHIP	CITY Loehnberg	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS In den Brueichern 6	CITY Loehnberg	STATE OR COUNTRY Germany
				ZIP CODE 35792
	FULL NAME * OF INVENTOR	FAMILY NAME SCHEUNERT	GIVEN NAME Peter	MIDDLE NAME
206	RESIDENCE & CITIZENSHIP	CITY Friedrichsdorf	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Dieselstrasse 1	CITY Friedrichsdorf	STATE OR COUNTRY Germany
				ZIP CODE 61381
	FULL NAME * OF INVENTOR	FAMILY NAME WEIS	GIVEN NAME Manfred	MIDDLE NAME
207	RESIDENCE & CITIZENSHIP	CITY St. Wendel	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Ringstrasse 7	CITY St. Wendel	STATE OR COUNTRY Germany
				ZIP CODE 66606
	FULL NAME * OF INVENTOR	FAMILY NAME BONGERS	GIVEN NAME Alexander	MIDDLE NAME
208	RESIDENCE & CITIZENSHIP	CITY Langen	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Im Singes 41	CITY Langen	STATE OR COUNTRY Germany
				ZIP CODE 63225
	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
209	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
				ZIP CODE
	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
210	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
				ZIP CODE
	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
211	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
				ZIP CODE

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 204 *	SIGNATURE OF INVENTOR 205 *	SIGNATURE OF INVENTOR 206 *
DATE	DATE	DATE
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
DATE	DATE	DATE

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AND POWER OF ATTORNEY  
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FOR APPLICATION BASED ON PCT; PARIS CONVENTION;  
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DEVICE FOR TREATING A MEDICAL LIQUID

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**JACOBSON HOLMAN PLLC  
ADDITIONAL INVENTORS**

\* Inventor(s) name must include at least one unabbreviated first or middle name.

204	FULL NAME * OF INVENTOR	FAMILY NAME LAUER	GIVEN NAME Martin	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY St. Wendel	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Auf den Hollerstock 8	CITY St. Wendel	STATE OR COUNTRY Germany
205	FULL NAME * OF INVENTOR	FAMILY NAME MANKE	GIVEN NAME Joachim	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY Loehnberg	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS In den Brueichern 6	CITY Loehnberg	STATE OR COUNTRY Germany
206	FULL NAME * OF INVENTOR	FAMILY NAME SCHEUNERT	GIVEN NAME Peter	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY Friedrichsdorf	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Dieselstrasse 1	CITY Friedrichsdorf	STATE OR COUNTRY Germany
207	FULL NAME * OF INVENTOR	FAMILY NAME WEIS	GIVEN NAME Manfred	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY St. Wendel	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Ringstrasse 7	CITY St. Wendel	STATE OR COUNTRY Germany
208	FULL NAME * OF INVENTOR	FAMILY NAME BONGERS	GIVEN NAME Alexander	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY Langen	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Im Singes 41	CITY Langen	STATE OR COUNTRY Germany
209	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
210	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
211	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 204 *	SIGNATURE OF INVENTOR 205 *	SIGNATURE OF INVENTOR 206 *
DATE	DATE	DATE
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
DATE	DATE	DATE

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**DECLARATION  
AND POWER OF ATTORNEY  
U.S.A.**

ALL PATENTS, INCLUDING DESIGN  
FOR APPLICATION BASED ON PCT; PARIS CONVENTION;  
NON PRIORITY; OR PROVISIONAL APPLICATIONS

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As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

**DEVICE FOR TREATING A MEDICAL LIQUID**

which is described and claimed in:

PCT International Application No. PCT/EP03/05377

filed May 22, 2003

the attached specification

the specification in application Serial No. \_\_\_\_\_

filed \_\_\_\_\_

(if applicable) and amended on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

102 24 750.1  
(Number)

Germany  
(Country)

4 June 2002  
(Day/Month/Year Filed)

Priority Claimed

Yes  No

103  
(Number)

(Country)

(Day/Month/Year Filed)

Yes  No

104  
(Number)

(Country)

(Day/Month/Year Filed)

Yes  No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

104  
Application No. \_\_\_\_\_

Filing Date \_\_\_\_\_

Application No. \_\_\_\_\_

Filing Date \_\_\_\_\_

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Serial No.)

(Filing Date)

(Status: patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys (Registration No.) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); JOHN CLARKE HOLMAN (22,769); MARVIN R. STERN (20,640); ALLEN S. MELSER (27,215); MICHAEL R. SLOBASKY (26,421); JONATHAN L. SCHERER (29,851); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409); YOON S. HAM (45,307) and NATHANIEL A. HUMPHRIES (22,772)

SEND CORRESPONDENCE TO: CUSTOMER NO. 00136 or <b>JACOBSON HOLMAN</b> PROFESSIONAL LIMITED LIABILITY COMPANY 400 SEVENTH STREET, N.W. WASHINGTON, D.C. 20004		DIRECT TELEPHONE CALLS TO: (please use Attorney's Docket No.) (202) 638-6666 <b>JACOBSON HOLMAN</b> PROFESSIONAL LIMITED LIABILITY COMPANY	
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\*Inventor(s) name must include at least one unabbreviated first or middle name.

201 202 203	FULL NAME * OF INVENTOR <b>BEDEN</b>	GIVEN NAME Josef	MIDDLE NAME
	RESIDENCE & CITIZENSHIP <b>Mainz-Kastel</b>	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany
POST OFFICE ADDRESS <b>Carlowitzstrasse 18</b>	CITY Mainz-Kastel	STATE OR COUNTRY Germany	ZIP CODE 55252
	POST OFFICE ADDRESS Henhoefer Strasse 16	CITY Tiefenbronn	STATE OR COUNTRY Germany
POST OFFICE ADDRESS <b>Dietzenbacher Strasse 1</b>	GIVEN NAME Uwe	MIDDLE NAME	ZIP CODE 75233
	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany	
POST OFFICE ADDRESS <b>Heusenstamm</b>	GIVEN NAME Martin	MIDDLE NAME	
	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany	
POST OFFICE ADDRESS <b>Heusenstamm</b>	CITY Heusenstamm	STATE OR COUNTRY Germany	ZIP CODE 63150
	POST OFFICE ADDRESS Dietzenbacher Strasse 1	STATE OR COUNTRY Germany	

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201*	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
DATE	DATE	DATE

Additional inventors are named on separately numbered sheets attached hereto.

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JACOBSON HOLMAN PLLC  
ADDITIONAL INVENTORS

\* Inventor(s) name must include at least one unabbreviated first or middle name.

204	FULL NAME * OF INVENTOR	FAMILY NAME LAUER	GIVEN NAME Martin	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY St. Wendel	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Auf den Hollerstock 8	CITY St. Wendel	STATE OR COUNTRY Germany	ZIP CODE 66606
205	FULL NAME * OF INVENTOR	FAMILY NAME MANKE	GIVEN NAME Joachim	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Loehnberg	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS In den Brueichern 6	CITY Loehnberg	STATE OR COUNTRY Germany	ZIP CODE 35792
206	FULL NAME * OF INVENTOR	FAMILY NAME SCHEUNERT	GIVEN NAME Peter	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Friedrichsdorf	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Dieselstrasse 1	CITY Friedrichsdorf	STATE OR COUNTRY Germany	ZIP CODE 61381
207	FULL NAME * OF INVENTOR	FAMILY NAME WEIS	GIVEN NAME Manfred	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY St. Wendel	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Ringstrasse 7	CITY St. Wendel	STATE OR COUNTRY Germany	ZIP CODE 66606
208	FULL NAME * OF INVENTOR	FAMILY NAME BONGERS	GIVEN NAME Alexander	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Langen	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Im Singes 41	CITY Langen	STATE OR COUNTRY Germany	ZIP CODE 63225
209	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
210	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
211	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 204 *	SIGNATURE OF INVENTOR 205 *	SIGNATURE OF INVENTOR 206 *
DATE 27.10.2004	DATE	DATE
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
DATE	DATE	DATE

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**DECLARATION  
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U.S.A.**

ALL PATENTS, INCLUDING DESIGN  
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ATTORNEYS' DOCKET NO.

P70195US0

101  
102  
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As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

**DEVICE FOR TREATING A MEDICAL LIQUID**

which is described and claimed in:

PCT International Application No. **PCT/EP03/05377**

filed **May 22, 2003**

the attached specification

the specification in application Serial No. \_\_\_\_\_

filed \_\_\_\_\_

(if applicable) and amended on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

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Prior Foreign Application(s)

**102 24 750.1**

(Number)

**Germany**

(Country)

**4 June 2002**

(Day/Month/Year Filed)

Priority Claimed

Yes  No

(Number)

(Country)

(Day/Month/Year Filed)

Yes  No

(Number)

(Country)

(Day/Month/Year Filed)

Yes  No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application No. \_\_\_\_\_

Filing Date \_\_\_\_\_

Application No. \_\_\_\_\_

Filing Date \_\_\_\_\_

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(Application Serial No.)

(Filing Date)

(Status: patented, pending, abandoned)

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SEND CORRESPONDENCE TO: <b>CUSTOMER NO. 00136</b> or <b>JACOBSON HOLMAN</b> PROFESSIONAL LIMITED LIABILITY COMPANY 400 SEVENTH STREET, N.W. WASHINGTON, D.C. 20004	DIRECT TELEPHONE CALLS TO: (please use Attorney's Docket No.) (202) 638-6666 <b>JACOBSON HOLMAN</b> PROFESSIONAL LIMITED LIABILITY COMPANY
---	---

\*Inventor(s) name must include at least one unabbreviated first or middle name.

<b>201</b>	FULL NAME * OF INVENTOR <b>BEDEN</b>	FAMILY NAME <b>Josef</b>	GIVEN NAME <b>Josef</b>	MIDDLE NAME
	RESIDENCE & CITIZENSHIP <b>Mainz-Kastel</b>	CITY <b>Mainz-Kastel</b>	STATE OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
	POST OFFICE ADDRESS <b>Carlowitzstrasse 18</b>	CITY <b>Mainz-Kastel</b>	STATE OR COUNTRY <b>Germany</b>	ZIP CODE <b>55252</b>
<b>202</b>	FULL NAME * OF INVENTOR <b>HAHMANN,</b>	FAMILY NAME <b>Uwe</b>	GIVEN NAME <b>Uwe</b>	MIDDLE NAME
	RESIDENCE & CITIZENSHIP <b>Tiefenbronn</b>	CITY <b>Tiefenbronn</b>	STATE OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
	POST OFFICE ADDRESS <b>Henhoefer Strasse 16</b>	CITY <b>Tiefenbronn</b>	STATE OR COUNTRY <b>Germany</b>	ZIP CODE <b>75233</b>
<b>203</b>	FULL NAME * OF INVENTOR <b>HERKLOTZ</b>	FAMILY NAME <b>Martin</b>	GIVEN NAME <b>Martin</b>	MIDDLE NAME
	RESIDENCE & CITIZENSHIP <b>Heusenstamm</b>	CITY <b>Heusenstamm</b>	STATE OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
	POST OFFICE ADDRESS <b>Dietzenbacher Strasse 1</b>	CITY <b>Heusenstamm</b>	STATE OR COUNTRY <b>Germany</b>	ZIP CODE <b>63150</b>

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<b>SIGNATURE OF INVENTOR 201*</b>	<b>SIGNATURE OF INVENTOR 202*</b>	<b>SIGNATURE OF INVENTOR 203*</b>
<b>DATE</b>	<b>DATE</b>	<b>DATE</b>

Additional inventors are named on separately numbered sheets attached hereto.

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JACOBSON HOLMAN PLLC  
ADDITIONAL INVENTORS

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204	FULL NAME * OF INVENTOR	FAMILY NAME LAUER	GIVEN NAME Martin	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY St. Wendel	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Auf den Hollerstock 8	CITY St. Wendel	STATE OR COUNTRY Germany
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	RESIDENCE & CITIZENSHIP	CITY Friedrichsdorf	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany
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207	FULL NAME * OF INVENTOR	FAMILY NAME WEIS	GIVEN NAME Manfred	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY St. Wendel	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany
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208	FULL NAME * OF INVENTOR	FAMILY NAME BONGERS	GIVEN NAME Alexander	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY Langen	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Im Singes 41	CITY Langen	STATE OR COUNTRY Germany
209	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
210	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
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	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY

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SIGNATURE OF INVENTOR 204 *	SIGNATURE OF INVENTOR 205 *	SIGNATURE OF INVENTOR 206 *
DATE	DATE	DATE
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
DATE	DATE	DATE

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**DEVICE FOR TREATING A MEDICAL LIQUID**

101  
102  
103  
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which is described and claimed in:  PCT International Application No. **PCT/EP03/05377** filed **May 22, 2003**  
 the attached specification  the specification in application Serial No. \_\_\_\_\_ filed \_\_\_\_\_  
 (if applicable) and amended on \_\_\_\_\_

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Prior Foreign Application(s)

**102 24 750.1**  
(Number)

**Germany**  
(Country)

**4 June 2002**  
(Day/Month/Year Filed)

Priority Claimed

Yes  No

**(Number)**  
(Country)

(Day/Month/Year Filed)

Yes  No

**(Number)**  
(Country)

(Day/Month/Year Filed)

Yes  No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application No. \_\_\_\_\_

Filing Date \_\_\_\_\_

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(Application Serial No.)

(Filing Date)

(Status: patented, pending, abandoned)

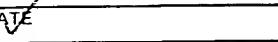
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys (Registration No.) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); JOHN CLARKE HOLMAN (22,769); MARVIN R. STERN (20,640); ALLEN S. MELSER (27,215); MICHAEL R. SLOBASKY (26,421); JONATHAN L. SCHERER (29,851); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409); YOON S. HAM (45,307) and NATHANIEL A. HUMPHRIES (22,772)

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---	--	---	--

\*Inventor(s) name must include at least one unabbreviated first or middle name.

201	FULL NAME * OF INVENTOR <b>BEDEN</b>	FAMILY NAME <b>BEDEN</b>	GIVEN NAME <b>Josef</b>	MIDDLE NAME
	RESIDENCE & CITIZENSHIP <b>Mainz-Kastel</b>	CITY <b>Mainz-Kastel</b>	STATE OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
202	POST OFFICE ADDRESS <b>Carlowitzstrasse 18</b>	CITY <b>Mainz-Kastel</b>	STATE OR COUNTRY <b>Germany</b>	ZIP CODE <b>55252</b>
202	FULL NAME * OF INVENTOR <b>HAHMANN,</b>	FAMILY NAME <b>HAHMANN,</b>	GIVEN NAME <b>Uwe</b>	MIDDLE NAME
	RESIDENCE & CITIZENSHIP <b>Tiefenbronn</b>	CITY <b>Tiefenbronn</b>	STATE OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
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203	FULL NAME * OF INVENTOR <b>HERKLOTZ</b>	FAMILY NAME <b>HERKLOTZ</b>	GIVEN NAME <b>Martin</b>	MIDDLE NAME
	RESIDENCE & CITIZENSHIP <b>Heusenstamm</b>	CITY <b>Heusenstamm</b>	STATE OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
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<b>SIGNATURE OF INVENTOR 201*</b> 	<b>SIGNATURE OF INVENTOR 202*</b> 	<b>SIGNATURE OF INVENTOR 203*</b> 
DATE 	DATE 	DATE 

Additional inventors are named on separately numbered sheets attached hereto.

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ADDITIONAL INVENTORS

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211	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
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SIGNATURE OF INVENTOR 204 *  ✓	SIGNATURE OF INVENTOR 205 *  ✓	SIGNATURE OF INVENTOR 206 *  Peter Scheunert
DATE  ✓	DATE  ✓	DATE 22.10.2014  ✓
SIGNATURE OF INVENTOR 207 *  ✓	SIGNATURE OF INVENTOR 208 *  ✓	SIGNATURE OF INVENTOR 209 *  ✓
DATE  ✓	DATE  ✓	DATE  ✓

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**DEVICE FOR TREATING A MEDICAL LIQUID**

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102 24 750.1 (Number)	Germany (Country)	4 June 2002 (Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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	RESIDENCE & CITIZENSHIP	CITY <b>Tiefenbronn</b>	STATE OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Henhoefer Strasse 16</b>	CITY <b>Tiefenbronn</b>	STATE OR COUNTRY <b>Germany</b> ZIP CODE <b>75233</b>
203	FULL NAME * OF INVENTOR	FAMILY NAME <b>HERKLLOTZ</b>	GIVEN NAME <b>Martin</b>	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Heusenstamm</b>	STATE OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Dietzenbacher Strasse 1</b>	CITY <b>Heusenstamm</b>	STATE OR COUNTRY <b>Germany</b> ZIP CODE <b>63150</b>

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that the statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201*	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
DATE <i>[Signature]</i>	DATE <i>[Signature]</i>	DATE <i>[Signature]</i>

Additional inventors are named on separately numbered sheets attached hereto.

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JACOBSON HOLMAN PLLC  
ADDITIONAL INVENTORS

\* Inventor(s) name must include at least one unabbreviated first or middle name.

204	FULL NAME * OF INVENTOR	FAMILY NAME LAUER	GIVEN NAME Martin	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY St. Wendel	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Auf den Hollerstock 8	CITY St. Wendel	STATE OR COUNTRY Germany	ZIP CODE 66606
205	FULL NAME * OF INVENTOR	FAMILY NAME MANKE	GIVEN NAME Joaichim	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Loehnberg	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS In den Bruechern 6	CITY Loehnberg	STATE OR COUNTRY Germany	ZIP CODE 35792
206	FULL NAME * OF INVENTOR	FAMILY NAME SCHEUNERT	GIVEN NAME Peter	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Friedrichsdorf	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Dieselstrasse 1	CITY Friedrichsdorf	STATE OR COUNTRY Germany	ZIP CODE 61381
207	FULL NAME * OF INVENTOR	FAMILY NAME WEIS	GIVEN NAME Manfred	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY St. Wendel	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Ringstrasse 7	CITY St. Wendel	STATE OR COUNTRY Germany	ZIP CODE 66606
208	FULL NAME * OF INVENTOR	FAMILY NAME BONGERS	GIVEN NAME Alexander	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Langen	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Im Singes 41	CITY Langen	STATE OR COUNTRY Germany	ZIP CODE 63225
209	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
210	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
211	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE

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SIGNATURE OF INVENTOR 204 *	SIGNATURE OF INVENTOR 205 *	SIGNATURE OF INVENTOR 206 *
DATE	DATE	DATE
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
12.11.04 L. S.		
DATE	DATE	DATE

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**DECLARATION  
AND POWER OF ATTORNEY  
U.S.A.**

ALL PATENTS, INCLUDING DESIGN  
FOR APPLICATION BASED ON PCT; PARIS CONVENTION;  
NON PRIORITY; OR PROVISIONAL APPLICATIONS

FOR ATTORNEYS' USE ONLY

ATTORNEYS' DOCKET NO.

P70195US0

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

**DEVICE FOR TREATING A MEDICAL LIQUID**

101  
102  
which is described and claimed in:

PCT International Application No. **PCT/EP03/05377**

filed **May 22, 2003**

the attached specification

the specification in application Serial No. \_\_\_\_\_

filed \_\_\_\_\_

(if applicable) and amended on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

102 24 750.1

(Number)

**Germany**

(Country)

**4 June 2002**

(Day/Month/Year Filed)

Priority Claimed

Yes

No

(Number)

(Country)

(Day/Month/Year Filed)

Yes

No

(Number)

(Country)

(Day/Month/Year Filed)

Yes

No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

103  
104  
105  
Application No. \_\_\_\_\_

Filing Date \_\_\_\_\_

Application No. \_\_\_\_\_

Filing Date \_\_\_\_\_

(Application Serial No.)

(Filing Date)

(Status: patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys (Registration No.) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); JOHN CLARKE HOLMAN (22,769); MARVIN R. STERN (20,640); ALLEN S. MELSER (27,215); MICHAEL R. SLOBASKY (26,421); JONATHAN L. SCHERER (29,851); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409); YOON S. HAM (45,307) and NATHANIEL A. HUMPHRIES (22,772)

SEND CORRESPONDENCE TO: <b>CUSTOMER NO. 00136</b> or <b>JACOBSON HOLMAN</b> PROFESSIONAL LIMITED LIABILITY COMPANY 400 SEVENTH STREET, N.W. WASHINGTON, D.C. 20004		DIRECT TELEPHONE CALLS TO: (please use Attorney's Docket No.) (202) 638-6666 <b>JACOBSON HOLMAN</b> PROFESSIONAL LIMITED LIABILITY COMPANY	
---	--	---	--

\*Inventor(s) name must include at least one unabbreviated first or middle name.

201 202 203	FULL NAME * OF INVENTOR <b>BEDEN</b>	GIVEN NAME <b>Josef</b>	MIDDLE NAME
	RESIDENCE & CITIZENSHIP <b>Mainz-Kastel</b>	STATE OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
POST OFFICE ADDRESS <b>Carlowitzstrasse 18</b>	CITY <b>Mainz-Kastel</b>	STATE OR COUNTRY <b>Germany</b>	ZIP CODE <b>55252</b>
	STATE OR COUNTRY <b>Germany</b>	ZIP CODE <b>55252</b>	
202 203	FULL NAME * OF INVENTOR <b>HAHMANN,</b>	GIVEN NAME <b>Uwe</b>	MIDDLE NAME
	RESIDENCE & CITIZENSHIP <b>Tiefenbronn</b>	STATE OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
POST OFFICE ADDRESS <b>Henhoefer Strasse 16</b>	CITY <b>Tiefenbronn</b>	STATE OR COUNTRY <b>Germany</b>	ZIP CODE <b>75233</b>
	STATE OR COUNTRY <b>Germany</b>	ZIP CODE <b>75233</b>	
203	FULL NAME * OF INVENTOR <b>HERKLLOTZ</b>	GIVEN NAME <b>Martin</b>	MIDDLE NAME
	RESIDENCE & CITIZENSHIP <b>Heusenstamm</b>	STATE OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
POST OFFICE ADDRESS <b>Dietzenbacher Strasse 1</b>	CITY <b>Heusenstamm</b>	STATE OR COUNTRY <b>Germany</b>	ZIP CODE <b>63150</b>
	STATE OR COUNTRY <b>Germany</b>	ZIP CODE <b>63150</b>	

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Additional inventors are named on separately numbered sheets attached hereto.

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ADDITIONAL INVENTORS

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204	RESIDENCE & CITIZENSHIP	CITY St. Wendel	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany
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				ZIP CODE 66606
	FULL NAME * OF INVENTOR	FAMILY NAME MANKE	GIVEN NAME Joachim	MIDDLE NAME
205	RESIDENCE & CITIZENSHIP	CITY Loehnberg	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany
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				ZIP CODE 35792
	FULL NAME * OF INVENTOR	FAMILY NAME SCHEUNERT	GIVEN NAME Peter	MIDDLE NAME
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208	RESIDENCE & CITIZENSHIP	CITY Langen	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany
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				ZIP CODE
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SIGNATURE OF INVENTOR 204 *	SIGNATURE OF INVENTOR 205 *	SIGNATURE OF INVENTOR 206 *
✓  DATE	✓  DATE	✓  DATE
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
✓  DATE	✓  25.06.2004	DATE

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